

Montana Medicaid Fee Schedule

Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS)

This fee schedule is to be used in conjunction with current HCPCS publications. For coding assistance call: 1-877-735-1326

<u>HCPCS</u>	<u>Modifier</u>	<u>PA</u>	<u>CMN</u>	<u>FEE</u>
A4206*				75% OF BILLED
A4207*				75% OF BILLED
A4208*				75% OF BILLED
A4209*				75% OF BILLED
A4210*				75% OF BILLED
A4211*				75% OF BILLED
A4212*				75% OF BILLED
A4213*				75% OF BILLED
A4214*				\$1.75
A4215*				75% OF BILLED
A4216*				\$0.45
A4217*				\$2.66
A4220*				75% OF BILLED
A4221*				\$22.26
A4222*				\$44.17
A4230*				75% OF BILLED
A4231*				75% OF BILLED
A4232*				75% OF BILLED
A4244*				75% OF BILLED
A4245*				75% OF BILLED
A4246*				75% OF BILLED
A4247*				75% OF BILLED
A4250*				75% OF BILLED
A4253*				\$35.87
A4254*				\$6.58
A4255*				\$4.11
A4256*				\$11.44
A4257*				\$12.75
A4258*				\$17.75
A4259*				\$12.74
A4261				75% OF BILLED
A4265				\$3.39
A4270				75% OF BILLED
A4280				\$4.99
A4305				75% OF BILLED
A4306				75% OF BILLED
A4310*				\$6.99
A4311*				\$14.84
A4312*				\$16.65
A4313*				\$16.65
A4314*				\$23.02
A4315*				\$23.02
A4316*				\$24.14
A4319*				\$6.33
A4320*				\$4.72
A4321*				75% OF BILLED
A4322*				\$3.04
A4323*				\$8.78
A4326*				\$9.74
A4327*				\$44.62
A4328*				\$10.45
A4330*				\$6.08

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<u>HCPCS</u>	<u>Modifier</u>	<u>PA</u>	<u>CMN</u>	<u>FEE</u>
A4331*				\$3.18
A4332*				\$0.12
A4333*				\$2.20
A4334*				\$4.93
A4335*				75% OF BILLED
A4338*				\$12.26
A4340*				\$26.99
A4344*				\$13.62
A4346*				\$17.85
A4348*				\$27.83
A4349*				75% OF BILLED
A4351*				\$1.54
A4352*				\$5.46
A4353*				\$7.00
A4354*				\$10.03
A4355*				\$8.01
A4356*				\$43.34
A4357*				\$8.25
A4358*				\$6.36
A4359*				\$30.63
A4361*				\$18.37
A4362*				\$3.10
A4363*				\$3.93
A4364*				\$2.49
A4365*				\$11.32
A4366*				\$12.91
A4367*				\$7.28
A4368*				\$0.26
A4369*				\$2.06
A4371*				\$3.60
A4372*				\$4.18
A4373*				\$6.28
A4375*				\$17.18
A4376*				\$47.58
A4377*				\$4.29
A4378*				\$30.75
A4379*				\$15.02
A4380*				\$37.33
A4381*				\$4.61
A4382*				\$24.62
A4383*				\$28.19
A4384*				\$9.62
A4385*				\$5.10
A4388*				\$4.36
A4389*				\$6.22
A4390*				\$9.61
A4391*				\$7.07
A4392*				\$8.18
A4393*				\$9.04
A4394*				\$2.58
A4395*				\$0.05
A4396*				\$40.48

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<u>HCPCS</u>	<u>Modifier</u>	<u>PA</u>	<u>CMN</u>	<u>FEE</u>
A4397*				\$4.79
A4398*				\$13.81
A4399*				\$10.44
A4400*				\$41.54
A4402*				\$1.60
A4404*				\$1.69
A4405*				\$3.40
A4406*				\$5.74
A4407*				\$8.76
A4408*				\$9.87
A4409*				\$6.22
A4410*				\$9.04
A4413*				\$5.50
A4414*				\$4.93
A4415*				\$6.00
A4416*				\$2.75
A4417*				\$3.72
A4418*				\$1.81
A4419*				\$1.74
A4420*				\$1.74
A4421*				75% OF BILLED
A4422*				\$0.12
A4423*				\$1.86
A4424*				\$4.75
A4425*				\$3.58
A4426*				\$2.73
A4427*				\$2.78
A4428*				\$6.51
A4429*				\$8.25
A4430*				\$8.52
A4431*				\$6.22
A4432*				\$3.59
A4433*				\$3.34
A4434*				\$3.76
A4450*				\$0.09
A4452*				\$0.36
A4455*				\$1.26
A4458*				75% OF BILLED
A4462*				\$3.29
A4465*				75% OF BILLED
A4470*				75% OF BILLED
A4480*				75% OF BILLED
A4481*				\$0.38
A4483*				75% OF BILLED
A4490*				75% OF BILLED
A4495*				75% OF BILLED
A4500*				75% OF BILLED
A4510*				75% OF BILLED
A4520				75% OF BILLED
A4554*				75% OF BILLED
A4556				\$12.14
A4557				\$21.10

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<u>HCPCS</u>	<u>Modifier</u>	<u>PA</u>	<u>CMN</u>	<u>FEE</u>
A4558				\$5.45
A4561				75% OF BILLED
A4562				75% OF BILLED
A4565				75% OF BILLED
A4570				75% OF BILLED
A4575				75% OF BILLED
A4580				75% OF BILLED
A4590				75% OF BILLED
A4595				\$28.35
A4605				\$16.40
A4606				75% OF BILLED
A4608				\$58.15
A4611*				\$196.45
A4612*				\$67.94
A4613*				\$122.58
A4614*				\$23.78
A4615*				75% OF BILLED
A4616*				75% OF BILLED
A4617*				75% OF BILLED
A4618*				\$7.56
A4619*				\$1.21
A4620*				75% OF BILLED
A4621*				\$1.39
A4622*				\$51.98
A4623*				\$6.55
A4624*				\$2.63
A4625*				\$6.93
A4626*				\$3.19
A4627*				75% OF BILLED
A4628*				\$3.65
A4629*				\$4.61
A4630				\$6.25
A4631				\$99.97
A4632*				75% OF BILLED
A4633				\$41.04
A4634				75% OF BILLED
A4635				\$5.12
A4636				\$4.21
A4637				\$1.81
A4638				75% OF BILLED
A4639				\$287.21
A4640				\$63.32
A4649				75% OF BILLED
A4651				75% OF BILLED
A4652				75% OF BILLED
A4653				75% OF BILLED
A4656				75% OF BILLED
A4657				75% OF BILLED
A4660				75% OF BILLED
A4663				75% OF BILLED
A4670				75% OF BILLED
A4927				75% OF BILLED

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<u>HCPCS</u>	<u>Modifier</u>	<u>PA</u>	<u>CMN</u>	<u>FEE</u>
A4928				75% OF BILLED
A4930				75% OF BILLED
A4931				75% OF BILLED
A4932				75% OF BILLED
A5051*				\$2.07
A5052*				\$1.49
A5053*				\$1.74
A5054*				\$1.79
A5055*				\$1.39
A5061*				\$3.52
A5062*				\$2.09
A5063*				\$2.70
A5071*				\$6.01
A5072*				\$2.99
A5073*				\$2.70
A5081*				\$2.81
A5082*				\$11.89
A5093*				\$1.95
A5102*				\$22.42
A5105*				\$39.33
A5112*				\$34.62
A5113*				\$4.00
A5114*				\$8.94
A5119*				\$10.85
A5121*				\$7.46
A5122*				\$10.92
A5126*				\$1.32
A5131*				\$14.66
A5200*				\$11.29
A5500*				75% OF BILLED
A5501*				75% OF BILLED
A5503*				75% OF BILLED
A5504*				75% OF BILLED
A5505*				75% OF BILLED
A5506*				75% OF BILLED
A5507*				75% OF BILLED
A5508*				75% OF BILLED
A5509*				75% OF BILLED
A5510*				75% OF BILLED
A5511*				75% OF BILLED
A6000				75% OF BILLED
A6010				\$30.96
A6011				\$2.28
A6021				\$21.02
A6022				\$21.02
A6023				\$190.30
A6024				\$6.19
A6025				75% OF BILLED
A6154				\$14.36
A6196				\$7.35
A6197				\$16.44
A6198				75% OF BILLED

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A6199				\$5.29
A6200				\$9.50
A6201				\$20.80
A6202				\$34.88
A6203				\$3.35
A6204				\$6.23
A6205				75% OF BILLED
A6206				75% OF BILLED
A6207				\$7.34
A6208				75% OF BILLED
A6209				\$7.48
A6210				\$19.92
A6211				\$29.37
A6212				\$9.70
A6213				75% OF BILLED
A6214				\$10.29
A6215				75% OF BILLED
A6216				\$0.05
A6217				75% OF BILLED
A6218				75% OF BILLED
A6219				\$0.95
A6220				\$2.58
A6221				75% OF BILLED
A6222				\$2.13
A6223				\$2.42
A6224				\$3.61
A6228				75% OF BILLED
A6229				\$3.61
A6230				75% OF BILLED
A6231				\$4.68
A6232				\$6.88
A6233				\$19.19
A6234				\$6.54
A6235				\$16.82
A6236				\$27.25
A6237				\$7.91
A6238				\$22.79
A6239				75% OF BILLED
A6240				\$12.24
A6241				\$2.57
A6242				\$6.07
A6243				\$12.31
A6244				\$39.28
A6245				\$7.27
A6246				\$9.92
A6247				\$23.78
A6248				\$16.24
A6250				75% OF BILLED
A6251				\$1.99
A6252				\$3.25
A6253				\$6.34
A6254				\$1.21

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A6255				\$3.03
A6256				75% OF BILLED
A6257				\$1.53
A6258				\$4.30
A6259				\$10.94
A6260				75% OF BILLED
A6261				75% OF BILLED
A6262				75% OF BILLED
A6266				\$1.92
A6402				\$0.12
A6403				\$0.43
A6404				75% OF BILLED
A4607				\$1.88
A6410				\$0.39
A6411				75% OF BILLED
A6412				75% OF BILLED
A6421				\$2.09
A6422				\$1.17
A6424				\$2.05
A6426				\$1.88
A6428				\$3.04
A6430				\$8.76
A6436				\$19.08
A6440				\$12.69
A6441				\$0.67
A6442				\$0.17
A6443				\$0.29
A6444				\$0.56
A6445				\$0.32
A6446				\$0.41
A6447				\$0.67
A6448				\$1.16
A6449				\$1.75
A6450				75% OF BILLED
A6451				75% OF BILLED
A6452				\$8.91
A6453				\$0.61
A6454				\$0.77
A6455				\$1.39
A6456				\$1.28
A6501				75% OF BILLED
A6502				75% OF BILLED
A6503				75% OF BILLED
A6504				75% OF BILLED
A6505				75% OF BILLED
A6506				75% OF BILLED
A6507				75% OF BILLED
A6508				75% OF BILLED
A6509				75% OF BILLED
A6510				75% OF BILLED
A6511				75% OF BILLED
A6512				75% OF BILLED

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<u>HCPCS</u>	<u>Modifier</u>	<u>PA</u>	<u>CMN</u>	<u>FEE</u>
A6550				\$27.42
A6551				\$24.53
A7000				\$9.54
A7001				\$33.08
A7002				\$3.83
A7003				\$2.74
A7004				\$1.80
A7005				\$30.83
A7006				\$9.54
A7007				\$4.61
A7008				\$11.00
A7009				\$42.04
A7010				\$23.59
A7011				75% OF BILLED
A7012				\$3.78
A7013				\$0.83
A7014				\$4.49
A7015				\$1.88
A7016				\$7.25
A7017				\$134.04
A7017	RR			\$13.40
A7018				\$0.38
A7019				\$0.34
A7020				\$2.75
A7025				\$434.94
A7026				\$28.75
A7030*			Y	\$188.64
A7031*			Y	\$69.77
A7032*			Y	\$40.53
A7033*			Y	\$28.41
A7034*			Y	\$117.64
A7035*			Y	\$39.75
A7036*			Y	\$18.20
A7037*			Y	\$41.02
A7038*				\$5.39
A7039*				\$15.33
A7044*				\$120.91
A7046*				\$19.51
A7501				\$105.03
A7502				\$49.91
A7503				\$11.33
A7504				\$0.67
A7505				\$4.68
A7506				\$0.33
A7507				\$2.49
A7508				\$2.87
A7509				\$1.41
A7520				\$47.48
A7521				\$47.05
A7522				\$45.16
A7523				75% OF BILLED
A7524				\$77.40

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A7525				\$2.07
A7526				\$3.37
A7527				75% OF BILLED
A9999				75% OF BILLED
B4034			Y	\$5.78
B4035			Y	\$11.02
B4036			Y	\$7.55
B4081			Y	\$20.42
B4082			Y	\$15.20
B4083			Y	\$2.32
B4086			Y	75% OF BILLED
B4100	BO		Y	75% OF BILLED
B4102			Y	75% OF BILLED
B4103			Y	75% OF BILLED
B4104			Y	75% OF BILLED
B4149			Y	75% OF BILLED
B4150			Y	\$0.63
B4150	BO		Y	\$0.63
B4152			Y	\$0.53
B4152	BO		Y	\$0.53
B4153			Y	\$1.80
B4153	BO		Y	\$1.80
B4154			Y	\$1.15
B4154	BO		Y	\$1.15
B4155			Y	\$0.90
B4155	BO		Y	\$0.90
B4157			Y	75% OF BILLED
B4157	BO		Y	75% OF BILLED
B4158			Y	75% OF BILLED
B4158	BO		Y	75% OF BILLED
B4159			Y	75% OF BILLED
B4159	BO		Y	75% OF BILLED
B4160			Y	75% OF BILLED
B4160	BO		Y	75% OF BILLED
B4161			Y	75% OF BILLED
B4161	BO		Y	75% OF BILLED
B4162			Y	75% OF BILLED
B4162	BO		Y	75% OF BILLED
B4164			Y	\$15.57
B4168			Y	\$22.67
B4172			Y	75% OF BILLED
B4176			Y	\$43.88
B4178			Y	\$52.68
B4180			Y	\$22.31
B4184			Y	\$73.14
B4186			Y	\$97.53
B4189			Y	\$162.74
B4193			Y	\$210.30
B4197			Y	\$256.02
B4199			Y	\$292.56
B4216			Y	\$7.08
B4220			Y	\$7.33

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B4222			Y	\$9.04
B4224			Y	\$22.90
B5000			Y	\$10.88
B5100			Y	\$4.26
B5200			Y	75% OF BILLED
B9000			Y	\$1,158.13
B9000	RR		Y	\$106.42
B9002			Y	\$1,158.13
B9002	RR		Y	\$112.17
B9004			Y	\$2,310.15
B9004	RR		Y	\$365.72
B9006			Y	\$2,310.15
B9006	RR		Y	\$365.72
B9998			Y	75% OF BILLED
B9999			Y	75% OF BILLED
E0100				\$21.07
E0100	RR			\$5.39
E0105				\$49.11
E0105	RR			\$8.86
E0110				\$77.59
E0110	RR			\$13.59
E0111				\$53.26
E0111	RR			\$7.17
E0112				\$37.00
E0112	RR			\$9.85
E0113				\$17.96
E0113	RR			\$5.15
E0114				\$47.19
E0114	RR			\$8.57
E0116				\$27.74
E0116	RR			\$5.40
E0117				\$192.71
E0117	RR			\$19.26
E0130				75% OF BILLED
E0130	RR			75% OF BILLED
E0135				75% OF BILLED
E0135	RR			75% OF BILLED
E0140				75% OF BILLED
E0140	RR			75% OF BILLED
E0141				75% OF BILLED
E0141	RR			75% OF BILLED
E0143				75% OF BILLED
E0143	RR			75% OF BILLED
E0144				75% OF BILLED
E0144	RR			75% OF BILLED
E0147				75% OF BILLED
E0147	RR			75% OF BILLED
E0148				75% OF BILLED
E0148	RR			75% OF BILLED
E0149				75% OF BILLED
E0149	RR			75% OF BILLED
E0153				75% OF BILLED

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E0153	RR			75% OF BILLED
E0154				75% OF BILLED
E0154	RR			75% OF BILLED
E0155				75% OF BILLED
E0155	RR			75% OF BILLED
E0156				75% OF BILLED
E0156	RR			75% OF BILLED
E0157				75% OF BILLED
E0157	RR			75% OF BILLED
E0158				75% OF BILLED
E0158	RR			75% OF BILLED
E0159				75% OF BILLED
E0160				75% OF BILLED
E0160	RR			75% OF BILLED
E0161				75% OF BILLED
E0161	RR			75% OF BILLED
E0162				75% OF BILLED
E0162	RR			75% OF BILLED
E0163				75% OF BILLED
E0163	RR			75% OF BILLED
E0164				75% OF BILLED
E0164	RR			75% OF BILLED
E0165				75% OF BILLED
E0165	RR			75% OF BILLED
E0166				75% OF BILLED
E0166	RR			75% OF BILLED
E0167				75% OF BILLED
E0168				75% OF BILLED
E0168	RR			75% OF BILLED
E0169				75% OF BILLED
E0169	RR			75% OF BILLED
E0175				75% OF BILLED
E0175	RR			75% OF BILLED
E0180			Y	75% OF BILLED
E0180	RR		Y	75% OF BILLED
E0181			Y	75% OF BILLED
E0181	RR		Y	75% OF BILLED
E0182			Y	75% OF BILLED
E0182	RR		Y	75% OF BILLED
E0184			Y	75% OF BILLED
E0184	RR		Y	75% OF BILLED
E0185			Y	75% OF BILLED
E0185	RR		Y	75% OF BILLED
E0186			Y	75% OF BILLED
E0186	RR		Y	75% OF BILLED
E0187			Y	75% OF BILLED
E0187	RR		Y	75% OF BILLED
E0188			Y	75% OF BILLED
E0189			Y	75% OF BILLED
E0191			Y	75% OF BILLED
E0193		Y	Y	75% OF BILLED
E0193	RR	Y	Y	75% OF BILLED

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Montana Medicaid Fee Schedule

Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS)

This fee schedule is to be used in conjunction with current HCPCS publications. For coding assistance call: 1-877-735-1326

<u>HCPCS</u>	<u>Modifier</u>	<u>PA</u>	<u>CMN</u>	<u>FEE</u>
E0194	RR	Y	Y	75% OF BILLED
E0196			Y	75% OF BILLED
E0196	RR		Y	75% OF BILLED
E0197			Y	75% OF BILLED
E0197	RR		Y	75% OF BILLED
E0198			Y	75% OF BILLED
E0198	RR		Y	75% OF BILLED
E0199			Y	75% OF BILLED
E0199	RR		Y	75% OF BILLED
E0200				75% OF BILLED
E0200	RR			75% OF BILLED
E0202				75% OF BILLED
E0202	RR			75% OF BILLED
E0203				75% OF BILLED
E0203	RR			75% OF BILLED
E0205				75% OF BILLED
E0205	RR			75% OF BILLED
E0210				75% OF BILLED
E0215				75% OF BILLED
E0217				75% OF BILLED
E0217	RR			75% OF BILLED
E0218				75% OF BILLED
E0218	RR			75% OF BILLED
E0220				75% OF BILLED
E0221				75% OF BILLED
E0221	RR			75% OF BILLED
E0225				75% OF BILLED
E0225	RR			75% OF BILLED
E0230				75% OF BILLED
E0231				75% OF BILLED
E0231	RR			75% OF BILLED
E0232				75% OF BILLED
E0235				75% OF BILLED
E0235	RR			75% OF BILLED
E0236				75% OF BILLED
E0236	RR			75% OF BILLED
E0238				75% OF BILLED
E0238	RR			75% OF BILLED
E0239				75% OF BILLED
E0239	RR			75% OF BILLED
E0240				75% OF BILLED
E0240	RR			75% OF BILLED
E0244				75% OF BILLED
E0245				75% OF BILLED
E0245	RR			75% OF BILLED
E0247				75% OF BILLED
E0247	RR			75% OF BILLED
E0248				75% OF BILLED
E0248	RR			75% OF BILLED
E0249				75% OF BILLED
E0249	RR			75% OF BILLED
E0250			Y	75% OF BILLED

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Montana Medicaid Fee Schedule

Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS)

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<u>HCPCS</u>	<u>Modifier</u>	<u>PA</u>	<u>CMN</u>	<u>FEE</u>
E0250	RR		Y	75% OF BILLED
E0251			Y	75% OF BILLED
E0251	RR		Y	75% OF BILLED
E0255			Y	75% OF BILLED
E0255	RR		Y	75% OF BILLED
E0256			Y	75% OF BILLED
E0256	RR		Y	75% OF BILLED
E0260			Y	75% OF BILLED
E0260	RR		Y	75% OF BILLED
E0261			Y	75% OF BILLED
E0261	RR		Y	75% OF BILLED
E0265			Y	75% OF BILLED
E0265	RR		Y	75% OF BILLED
E0266			Y	75% OF BILLED
E0266	RR		Y	75% OF BILLED
E0271			Y	75% OF BILLED
E0272			Y	75% OF BILLED
E0273			Y	75% OF BILLED
E0275			Y	75% OF BILLED
E0276			Y	75% OF BILLED
E0277		Y	Y	75% OF BILLED
E0277	RR	Y	Y	75% OF BILLED
E0280			Y	75% OF BILLED
E0280	RR		Y	75% OF BILLED
E0290			Y	75% OF BILLED
E0290	RR		Y	75% OF BILLED
E0291			Y	75% OF BILLED
E0291	RR		Y	75% OF BILLED
E0292			Y	75% OF BILLED
E0292	RR		Y	75% OF BILLED
E0293			Y	75% OF BILLED
E0293	RR		Y	75% OF BILLED
E0294			Y	75% OF BILLED
E0294	RR		Y	75% OF BILLED
E0295			Y	75% OF BILLED
E0295	RR		Y	75% OF BILLED
E0296			Y	75% OF BILLED
E0296	RR		Y	75% OF BILLED
E0297			Y	75% OF BILLED
E0297	RR		Y	75% OF BILLED
E0300			Y	75% OF BILLED
E0300	RR		Y	75% OF BILLED
E0301			Y	75% OF BILLED
E0301	RR		Y	75% OF BILLED
E0302			Y	75% OF BILLED
E0302	RR		Y	75% OF BILLED
E0303			Y	75% OF BILLED
E0303	RR		Y	75% OF BILLED
E0304			Y	75% OF BILLED
E0304	RR		Y	75% OF BILLED
E0305			Y	75% OF BILLED
E0305	RR		Y	75% OF BILLED

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Montana Medicaid Fee Schedule

Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS)

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<u>HCPCS</u>	<u>Modifier</u>	<u>PA</u>	<u>CMN</u>	<u>FEE</u>
E0310			Y	75% OF BILLED
E0310	RR		Y	75% OF BILLED
E0315			Y	75% OF BILLED
E0315	RR		Y	75% OF BILLED
E0316			Y	75% OF BILLED
E0316	RR		Y	75% OF BILLED
E0325				\$10.11
E0326				\$8.93
E0350				75% OF BILLED
E0350	RR			75% OF BILLED
E0352				75% OF BILLED
E0370			Y	75% OF BILLED
E0371		Y	Y	75% OF BILLED
E0371	RR	Y	Y	75% OF BILLED
E0372		Y	Y	75% OF BILLED
E0372	RR	Y	Y	75% OF BILLED
E0373		Y	Y	75% OF BILLED
E0373	RR	Y	Y	75% OF BILLED
E0424*	RR		Y	\$228.80
E0431*	RR		Y	\$30.57
E0434*	RR		Y	\$30.57
E0439*	RR		Y	\$228.80
E0441*			Y	\$162.98
E0442*			Y	\$162.98
E0443*			Y	\$21.41
E0444*			Y	\$21.41
E0445*		Y	Y	75% OF BILLED
E0445*	RR	Y	Y	75% OF BILLED
E0450*	RR	Y		\$833.79
E0457*				\$614.51
E0457*	RR			\$61.45
E0459*				\$470.50
E0459*	RR			\$47.05
E0460*	RR			\$733.57
E0461	RR	Y		\$1,002.05
E0462*				75% OF BILLED
E0462*	RR			75% OF BILLED
E0463				75% OF BILLED
E0463	RR			75% OF BILLED
E0464				75% OF BILLED
E0464	RR			75% OF BILLED
E0470*		Y	Y	\$2,198.80
E0470*	RR	Y	Y	\$219.88
E0471*	RR	Y	Y	\$545.84
E0472*	RR	Y	Y	\$545.84
E0480*				\$418.80
E0480*	RR			\$41.88
E0481		Y		75% OF BILLED
E0481	RR	Y		75% OF BILLED
E0482		Y		\$3,877.50
E0482	RR	Y		\$387.75
E0483		Y		\$10,631.30

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Montana Medicaid Fee Schedule

Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS)

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<u>HCPCS</u>	<u>Modifier</u>	<u>PA</u>	<u>CMN</u>	<u>FEE</u>
E0483	RR	Y		\$1,063.13
E0484				\$36.92
E0500*	RR			\$98.79
E0550*				\$501.30
E0550*	RR			\$50.13
E0555*				75% OF BILLED
E0555*	RR			75% OF BILLED
E0560*				\$145.79
E0560*	RR			\$17.09
E0561*			Y	\$107.00
E0561*	RR		Y	\$10.69
E0562*			Y	\$301.22
E0562*	RR		Y	\$30.11
E0565*				\$518.60
E0565*	RR			\$51.86
E0570*				\$161.00
E0570*	RR			\$16.10
E0571				\$271.80
E0571	RR			\$27.18
E0572				\$345.40
E0572	RR			\$34.54
E0574				\$365.10
E0574	RR			\$36.51
E0575*	RR			\$87.36
E0580*				\$134.04
E0580*	RR			\$13.40
E0585*				\$350.70
E0585*	RR			\$35.07
E0600*				\$457.90
E0600*	RR			\$45.79
E0601*				\$949.50
E0601*	RR			\$94.95
E0603	RR			75% OF BILLED
E0605*				\$26.43
E0606*				\$203.90
E0607*				\$66.82
E0610				\$237.86
E0615				\$478.82
E0618		Y		\$2,383.00
E0618	RR			\$238.30
E0619		Y		\$2,383.00
E0619	RR			\$238.30
E0620				\$874.39
E0621				75% OF BILLED
E0625				75% OF BILLED
E0625	RR			75% OF BILLED
E0627				75% OF BILLED
E0628				75% OF BILLED
E0628	RR			75% OF BILLED
E0629				75% OF BILLED
E0629	RR			75% OF BILLED
E0630				75% OF BILLED

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Montana Medicaid Fee Schedule

Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS)

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<u>HCPCS</u>	<u>Modifier</u>	<u>PA</u>	<u>CMN</u>	<u>FEE</u>
E0630	RR			75% OF BILLED
E0635				75% OF BILLED
E0635	RR			75% OF BILLED
E0636				75% OF BILLED
E0636	RR			75% OF BILLED
E0637				75% OF BILLED
E0637	RR			75% OF BILLED
E0638				75% OF BILLED
E0638	RR			75% OF BILLED
E0639				75% OF BILLED
E0639	RR			75% OF BILLED
E0650			Y	\$698.54
E0650	RR		Y	\$87.35
E0651			Y	\$918.42
E0651	RR		Y	\$93.82
E0652			Y	\$4,506.23
E0652	RR		Y	\$445.36
E0655			Y	\$106.88
E0655	RR		Y	\$10.78
E0660			Y	\$159.75
E0660	RR		Y	\$16.63
E0665			Y	\$136.99
E0665	RR		Y	\$14.07
E0666			Y	\$138.08
E0666	RR		Y	\$14.23
E0667			Y	\$275.20
E0667	RR		Y	\$31.08
E0668			Y	\$375.60
E0668	RR		Y	\$37.07
E0669			Y	\$183.31
E0669	RR		Y	\$18.34
E0671			Y	\$415.35
E0671	RR		Y	\$41.54
E0672			Y	\$322.73
E0672	RR		Y	\$32.28
E0673			Y	\$268.17
E0673	RR		Y	\$26.82
E0675			Y	\$3,845.50
E0675	RR		Y	\$384.55
E0691				\$947.74
E0691	RR			\$94.78
E0692			Y	\$1,190.09
E0692	RR			\$119.00
E0693			Y	\$1,467.06
E0693	RR			\$146.71
E0694			Y	\$4,669.48
E0694	RR			\$466.95
E0700				75% OF BILLED
E0700	RR			75% OF BILLED
E0701				\$153.35
E0710				75% OF BILLED
E0710	RR			75% OF BILLED

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Montana Medicaid Fee Schedule

Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS)

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<u>HCPCS</u>	<u>Modifier</u>	<u>PA</u>	<u>CMN</u>	<u>FEE</u>
E0720			Y	\$342.40
E0720	RR		Y	\$34.24
E0730			Y	\$370.56
E0730	RR		Y	\$37.06
E0731			Y	\$356.69
E0731	RR		Y	\$35.67
E0740				\$522.87
E0740	RR			\$52.29
E0744				\$778.30
E0744	RR			\$77.83
E0745				\$895.10
E0745	RR			\$89.51
E0747			Y	\$3,720.12
E0747	RR		Y	\$369.68
E0748			Y	\$3,696.01
E0748	RR		Y	\$369.60
E0760			Y	\$3,071.32
E0760	RR		Y	\$307.14
E0765				\$84.13
E0765	RR			\$8.43
E0769				75% OF BILLED
E0769	RR			75% OF BILLED
E0776				\$143.16
E0776	RR			\$18.65
E0779			Y	\$151.80
E0779	RR		Y	\$15.18
E0780			Y	\$103.70
E0780	RR		Y	\$10.37
E0781			Y	\$2,406.50
E0781	RR		Y	\$240.65
E0784			Y	\$4,174.90
E0784	RR		Y	\$417.49
E0791			Y	\$2,687.70
E0791	RR		Y	\$268.77
E0830				75% OF BILLED
E0830	RR			75% OF BILLED
E0840			Y	\$62.29
E0840	RR			\$13.87
E0849				\$515.31
E0849	RR			\$51.53
E0850				\$89.30
E0850	RR			\$12.27
E0855				\$494.22
E0855	RR			\$49.44
E0860				\$38.53
E0860	RR			\$6.51
E0870			Y	\$98.86
E0870	RR		Y	\$13.40
E0880				\$125.54
E0880	RR			\$19.71
E0890			Y	\$120.41
E0890	RR		Y	\$27.91

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Montana Medicaid Fee Schedule

Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS)

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<u>HCPCS</u>	<u>Modifier</u>	<u>PA</u>	<u>CMN</u>	<u>FEE</u>
E0900				\$128.12
E0900	RR			\$27.62
E0910			Y	\$200.00
E0910	RR		Y	\$20.00
E0920			Y	\$392.20
E0920	RR		Y	\$39.22
E0930				\$456.90
E0930	RR			\$45.69
E0935	RR			\$19.32
E0940				\$347.70
E0940	RR			\$34.77
E0941				\$369.00
E0941	RR			\$36.90
E0942				\$19.85
E0942	RR			\$2.34
E0944				\$39.00
E0944	RR			\$3.91
E0945				\$44.32
E0945	RR			\$4.44
E0946			Y	\$502.90
E0946	RR		Y	\$50.29
E0947				\$606.46
E0947	RR			\$62.89
E0948				\$548.92
E0948	RR			\$54.89
E0950			Y	75% OF BILLED
E0951			Y	75% OF BILLED
E0952			Y	75% OF BILLED
E0953			Y	75% OF BILLED
E0954			Y	75% OF BILLED
E0955			Y	75% OF BILLED
E0955	RR		Y	75% OF BILLED
E0956			Y	75% OF BILLED
E0956	RR		Y	75% OF BILLED
E0957			Y	75% OF BILLED
E0957	RR		Y	75% OF BILLED
E0958			Y	75% OF BILLED
E0958	RR		Y	75% OF BILLED
E0959			Y	75% OF BILLED
E0960			Y	75% OF BILLED
E0961			Y	75% OF BILLED
E0966			Y	75% OF BILLED
E0967			Y	75% OF BILLED
E0968			Y	75% OF BILLED
E0969			Y	75% OF BILLED
E0970			Y	75% OF BILLED
E0971			Y	75% OF BILLED
E0972			Y	75% OF BILLED
E0973			Y	75% OF BILLED
E0974			Y	75% OF BILLED
E0977			Y	75% OF BILLED
E0978			Y	75% OF BILLED

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Montana Medicaid Fee Schedule

Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS)

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<u>HCPCS</u>	<u>Modifier</u>	<u>PA</u>	<u>CMN</u>	<u>FEE</u>
E0980			Y	75% OF BILLED
E0981			Y	75% OF BILLED
E0982			Y	75% OF BILLED
E0983			Y	75% OF BILLED
E0984			Y	75% OF BILLED
E0985			Y	75% OF BILLED
E0986			Y	75% OF BILLED
E0990			Y	75% OF BILLED
E0992			Y	75% OF BILLED
E0994			Y	75% OF BILLED
E0995			Y	75% OF BILLED
E0996			Y	75% OF BILLED
E0997			Y	75% OF BILLED
E0998			Y	75% OF BILLED
E0999			Y	75% OF BILLED
E1000			Y	75% OF BILLED
E1001			Y	75% OF BILLED
E1002			Y	75% OF BILLED
E1003			Y	75% OF BILLED
E1004			Y	75% OF BILLED
E1005			Y	75% OF BILLED
E1006			Y	75% OF BILLED
E1007			Y	75% OF BILLED
E1008			Y	75% OF BILLED
E1009			Y	75% OF BILLED
E1010			Y	75% OF BILLED
E1011			Y	75% OF BILLED
E1014			Y	75% OF BILLED
E1015			Y	75% OF BILLED
E1016			Y	75% OF BILLED
E1017			Y	75% OF BILLED
E1018			Y	75% OF BILLED
E1019			Y	75% OF BILLED
E1020			Y	75% OF BILLED
E1021			Y	75% OF BILLED
E1025			Y	75% OF BILLED
E1026			Y	75% OF BILLED
E1027			Y	75% OF BILLED
E1028			Y	75% OF BILLED
E1029			Y	75% OF BILLED
E1030			Y	75% OF BILLED
E1031			Y	75% OF BILLED
E1031	RR		Y	75% OF BILLED
E1035			Y	75% OF BILLED
E1035	RR		Y	75% OF BILLED
E1037			Y	75% OF BILLED
E1037	RR		Y	75% OF BILLED
E1038			Y	75% OF BILLED
E1038	RR		Y	75% OF BILLED
E1039			Y	75% OF BILLED
E1039	RR		Y	75% OF BILLED
E1050			Y	75% OF BILLED

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Montana Medicaid Fee Schedule

Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS)

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<u>HCPCS</u>	<u>Modifier</u>	<u>PA</u>	<u>CMN</u>	<u>FEE</u>
E1050	RR		Y	75% OF BILLED
E1060			Y	75% OF BILLED
E1060	RR		Y	75% OF BILLED
E1065			Y	75% OF BILLED
E1070			Y	75% OF BILLED
E1070	RR		Y	75% OF BILLED
E1083			Y	75% OF BILLED
E1083	RR		Y	75% OF BILLED
E1084			Y	75% OF BILLED
E1084	RR		Y	75% OF BILLED
E1085			Y	75% OF BILLED
E1085	RR		Y	75% OF BILLED
E1086			Y	75% OF BILLED
E1086	RR		Y	75% OF BILLED
E1087			Y	75% OF BILLED
E1087	RR		Y	75% OF BILLED
E1088			Y	75% OF BILLED
E1088	RR		Y	75% OF BILLED
E1089			Y	75% OF BILLED
E1089	RR		Y	75% OF BILLED
E1090			Y	75% OF BILLED
E1090	RR		Y	75% OF BILLED
E1092			Y	75% OF BILLED
E1092	RR		Y	75% OF BILLED
E1093			Y	75% OF BILLED
E1093	RR		Y	75% OF BILLED
E1100			Y	75% OF BILLED
E1100	RR		Y	75% OF BILLED
E1110			Y	75% OF BILLED
E1110	RR		Y	75% OF BILLED
E1130			Y	75% OF BILLED
E1130	RR		Y	75% OF BILLED
E1140			Y	75% OF BILLED
E1140	RR		Y	75% OF BILLED
E1150			Y	75% OF BILLED
E1150	RR		Y	75% OF BILLED
E1160			Y	75% OF BILLED
E1160	RR		Y	75% OF BILLED
E1161			Y	75% OF BILLED
E1161	RR		Y	75% OF BILLED
E1170			Y	75% OF BILLED
E1170	RR		Y	75% OF BILLED
E1171			Y	75% OF BILLED
E1171	RR		Y	75% OF BILLED
E1172			Y	75% OF BILLED
E1172	RR		Y	75% OF BILLED
E1180			Y	75% OF BILLED
E1180	RR		Y	75% OF BILLED
E1190			Y	75% OF BILLED
E1190	RR		Y	75% OF BILLED
E1195			Y	75% OF BILLED
E1195	RR		Y	75% OF BILLED

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Montana Medicaid Fee Schedule

Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS)

This fee schedule is to be used in conjunction with current HCPCS publications. For coding assistance call: 1-877-735-1326

<u>HCPCS</u>	<u>Modifier</u>	<u>PA</u>	<u>CMN</u>	<u>FEE</u>
E1200			Y	75% OF BILLED
E1200	RR		Y	75% OF BILLED
E1210			Y	75% OF BILLED
E1210	RR		Y	75% OF BILLED
E1211			Y	75% OF BILLED
E1211	RR		Y	75% OF BILLED
E1212			Y	75% OF BILLED
E1212	RR		Y	75% OF BILLED
E1213			Y	75% OF BILLED
E1213	RR		Y	75% OF BILLED
E1220			Y	75% OF BILLED
E1220	RR		Y	75% OF BILLED
E1221			Y	75% OF BILLED
E1221	RR		Y	75% OF BILLED
E1222			Y	75% OF BILLED
E1222	RR		Y	75% OF BILLED
E1223			Y	75% OF BILLED
E1223	RR		Y	75% OF BILLED
E1224			Y	75% OF BILLED
E1224	RR		Y	75% OF BILLED
E1225			Y	75% OF BILLED
E1225	RR		Y	75% OF BILLED
E1226			Y	75% OF BILLED
E1227			Y	75% OF BILLED
E1228			Y	75% OF BILLED
E1229			Y	75% OF BILLED
E1229	RR		Y	75% OF BILLED
E1230			Y	75% OF BILLED
E1230	RR		Y	75% OF BILLED
E1231			Y	75% OF BILLED
E1231	RR		Y	75% OF BILLED
E1232			Y	75% OF BILLED
E1232	RR		Y	75% OF BILLED
E1233			Y	75% OF BILLED
E1233	RR		Y	75% OF BILLED
E1234			Y	75% OF BILLED
E1234	RR		Y	75% OF BILLED
E1235			Y	75% OF BILLED
E1235	RR		Y	75% OF BILLED
E1236			Y	75% OF BILLED
E1236	RR		Y	75% OF BILLED
E1237			Y	75% OF BILLED
E1237	RR		Y	75% OF BILLED
E1238			Y	75% OF BILLED
E1238	RR		Y	75% OF BILLED
E1239			Y	75% OF BILLED
E1239	RR		Y	75% OF BILLED
E1240			Y	75% OF BILLED
E1240	RR		Y	75% OF BILLED
E1250			Y	75% OF BILLED
E1250	RR		Y	75% OF BILLED
E1260			Y	75% OF BILLED

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Montana Medicaid Fee Schedule

Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS)

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<u>HCPCS</u>	<u>Modifier</u>	<u>PA</u>	<u>CMN</u>	<u>FEE</u>
E1260	RR		Y	75% OF BILLED
E1270			Y	75% OF BILLED
E1270	RR		Y	75% OF BILLED
E1280			Y	75% OF BILLED
E1280	RR		Y	75% OF BILLED
E1285			Y	75% OF BILLED
E1285	RR		Y	75% OF BILLED
E1290			Y	75% OF BILLED
E1290	RR		Y	75% OF BILLED
E1295			Y	75% OF BILLED
E1295	RR		Y	75% OF BILLED
E1296			Y	75% OF BILLED
E1297			Y	75% OF BILLED
E1298			Y	75% OF BILLED
E1300				75% OF BILLED
E1300	RR			75% OF BILLED
E1340				75% OF BILLED
E1372*				\$163.03
E1372*	RR			\$23.69
E1390*	RR		Y	\$228.80
E1399				75% OF BILLED
E1405*	RR		Y	\$263.87
E1406*	RR		Y	\$248.53
E1639				75% OF BILLED
E1800				\$1,225.00
E1800	RR			\$122.50
E1801				\$1,163.40
E1801	RR			\$116.34
E1802				\$3,268.00
E1802	RR			\$326.80
E1805				\$1,226.80
E1805	RR			\$122.68
E1806				\$954.90
E1806	RR			\$95.49
E1810				\$1,226.80
E1810	RR			\$122.68
E1811				\$1,209.50
E1811	RR			\$120.95
E1815				\$1,226.80
E1815	RR			\$122.68
E1816				\$1,228.50
E1816	RR			\$122.85
E1818				\$1,254.20
E1818	RR			\$125.42
E1820				\$77.11
E1821				\$105.25
E1825				\$1,226.80
E1825	RR			\$122.68
E1830				\$1,226.80
E1830	RR			\$122.68
E1840				\$3,559.00
E1840	RR			\$355.90

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Montana Medicaid Fee Schedule

Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS)

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<u>HCPCS</u>	<u>Modifier</u>	<u>PA</u>	<u>CMN</u>	<u>FEE</u>
E1841				75% OF BILLED
E1841	RR			75% OF BILLED
E1902				75% OF BILLED
E1902	RR			75% OF BILLED
E2000				\$467.30
E2000	RR			\$46.73
E2100				\$629.24
E2101				\$188.56
E2201			Y	75% OF BILLED
E2202			Y	75% OF BILLED
E2203			Y	75% OF BILLED
E2204			Y	75% OF BILLED
E2205			Y	75% OF BILLED
E2206			Y	75% OF BILLED
E2291			Y	75% OF BILLED
E2292			Y	75% OF BILLED
E2293			Y	75% OF BILLED
E2294			Y	75% OF BILLED
E2300			Y	75% OF BILLED
E2301			Y	75% OF BILLED
E2310			Y	75% OF BILLED
E2311			Y	75% OF BILLED
E2320			Y	75% OF BILLED
E2321			Y	75% OF BILLED
E2322			Y	75% OF BILLED
E2323			Y	75% OF BILLED
E2324			Y	75% OF BILLED
E2325			Y	75% OF BILLED
E2326			Y	75% OF BILLED
E2327			Y	75% OF BILLED
E2328			Y	75% OF BILLED
E2329			Y	75% OF BILLED
E2330			Y	75% OF BILLED
E2331			Y	75% OF BILLED
E2340			Y	75% OF BILLED
E2341			Y	75% OF BILLED
E2342			Y	75% OF BILLED
E2343			Y	75% OF BILLED
E2351			Y	75% OF BILLED
E2360			Y	75% OF BILLED
E2361			Y	75% OF BILLED
E2362			Y	75% OF BILLED
E2363			Y	75% OF BILLED
E2364			Y	75% OF BILLED
E2365			Y	75% OF BILLED
E2366			Y	75% OF BILLED
E2367			Y	75% OF BILLED
E2368			Y	75% OF BILLED
E2369			Y	75% OF BILLED
E2370			Y	75% OF BILLED
E2399			Y	75% OF BILLED
E2402		Y		\$17,164.60

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Montana Medicaid Fee Schedule

Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS)

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<u>HCPCS</u>	<u>Modifier</u>	<u>PA</u>	<u>CMN</u>	<u>FEE</u>
E2402	RR	Y		\$1,716.46
E2500		Y		\$391.06
E2500	RR	Y		\$39.11
E2502		Y		\$1,195.80
E2502	RR	Y		\$119.59
E2504		Y		\$1,577.42
E2504	RR	Y		\$157.76
E2506		Y		\$2,312.96
E2506	RR	Y		\$231.29
E2508		Y		\$3,576.61
E2508	RR	Y		\$357.67
E2510		Y		\$6,768.25
E2510	RR	Y		\$676.82
E2511		Y		75% OF BILLED
E2512		Y		75% OF BILLED
E2601			Y	75% OF BILLED
E2602			Y	75% OF BILLED
E2603			Y	75% OF BILLED
E2604			Y	75% OF BILLED
E2605			Y	75% OF BILLED
E2606			Y	75% OF BILLED
E2607			Y	75% OF BILLED
E2608			Y	75% OF BILLED
E2609			Y	75% OF BILLED
E2610			Y	75% OF BILLED
E2611			Y	75% OF BILLED
E2612			Y	75% OF BILLED
E2613			Y	75% OF BILLED
E2614			Y	75% OF BILLED
E2615			Y	75% OF BILLED
E2616			Y	75% OF BILLED
E2617			Y	75% OF BILLED
E2618			Y	75% OF BILLED
E2619			Y	75% OF BILLED
E2620			Y	75% OF BILLED
E2621			Y	75% OF BILLED
E2599		Y		75% OF BILLED
E8000				75% OF BILLED
E8001				75% OF BILLED
E8002				75% OF BILLED
K0001			Y	75% OF BILLED
K0001	RR		Y	75% OF BILLED
K0002			Y	75% OF BILLED
K0002	RR		Y	75% OF BILLED
K0003			Y	75% OF BILLED
K0003	RR		Y	75% OF BILLED
K0004			Y	75% OF BILLED
K0004	RR		Y	75% OF BILLED
K0005			Y	75% OF BILLED
K0005	RR		Y	75% OF BILLED
K0006			Y	75% OF BILLED
K0006	RR		Y	75% OF BILLED

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Montana Medicaid Fee Schedule

Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS)

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<u>HCPCS</u>	<u>Modifier</u>	<u>PA</u>	<u>CMN</u>	<u>FEE</u>
K0007			Y	75% OF BILLED
K0007	RR		Y	75% OF BILLED
K0009			Y	75% OF BILLED
K0009	RR		Y	75% OF BILLED
K0010			Y	75% OF BILLED
K0010	RR		Y	75% OF BILLED
K0011			Y	75% OF BILLED
K0011	RR		Y	75% OF BILLED
K0012			Y	75% OF BILLED
K0012	RR		Y	75% OF BILLED
K0014			Y	75% OF BILLED
K0014	RR		Y	75% OF BILLED
K0015			Y	75% OF BILLED
K0017			Y	75% OF BILLED
K0018			Y	75% OF BILLED
K0019			Y	75% OF BILLED
K0020			Y	75% OF BILLED
K0037			Y	75% OF BILLED
K0038			Y	75% OF BILLED
K0039			Y	75% OF BILLED
K0040			Y	75% OF BILLED
K0041			Y	75% OF BILLED
K0042			Y	75% OF BILLED
K0043			Y	75% OF BILLED
K0044			Y	75% OF BILLED
K0045			Y	75% OF BILLED
K0046			Y	75% OF BILLED
K0047			Y	75% OF BILLED
K0050			Y	75% OF BILLED
K0051			Y	75% OF BILLED
K0052			Y	75% OF BILLED
K0053			Y	75% OF BILLED
K0056			Y	75% OF BILLED
K0064			Y	75% OF BILLED
K0065			Y	75% OF BILLED
K0066			Y	75% OF BILLED
K0067			Y	75% OF BILLED
K0068			Y	75% OF BILLED
K0069			Y	75% OF BILLED
K0070			Y	75% OF BILLED
K0071			Y	75% OF BILLED
K0072			Y	75% OF BILLED
K0073			Y	75% OF BILLED
K0074			Y	75% OF BILLED
K0075			Y	75% OF BILLED
K0076			Y	75% OF BILLED
K0077			Y	75% OF BILLED
K0078			Y	75% OF BILLED
K0090			Y	75% OF BILLED
K0091			Y	75% OF BILLED
K0092			Y	75% OF BILLED
K0093			Y	75% OF BILLED

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Montana Medicaid Fee Schedule

Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS)

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<u>HCPCS</u>	<u>Modifier</u>	<u>PA</u>	<u>CMN</u>	<u>FEE</u>
K0094			Y	75% OF BILLED
K0095			Y	75% OF BILLED
K0096			Y	75% OF BILLED
K0097			Y	75% OF BILLED
K0098			Y	75% OF BILLED
K0099			Y	75% OF BILLED
K0102			Y	75% OF BILLED
K0104			Y	75% OF BILLED
K0105			Y	75% OF BILLED
K0106			Y	75% OF BILLED
K0108			Y	75% OF BILLED
K0195			Y	75% OF BILLED
K0452			Y	75% OF BILLED
K0455*	RR		Y	\$240.65
K0462				75% OF BILLED
K0462	RR			75% OF BILLED
K0552*				\$2.61
K0601			Y	\$1.10
K0602			Y	\$6.36
K0603			Y	\$0.57
K0604			Y	\$6.09
K0605			Y	\$14.60
K0606				75% OF BILLED
K0607				\$194.23
K0608				\$121.21
K0609				\$806.09
K0618				\$625.06
K0619				\$393.91
K0620				\$1.14
K0628				\$24.22
K0629				\$36.14
K0630				\$85.88
K0631				\$194.47
K0632				75% OF BILLED
K0633				75% OF BILLED
K0634				\$44.93
K0635				\$63.56
K0636				\$335.21
K0637				\$68.41
K0638				75% OF BILLED
K0639				\$132.06
K0640				\$837.17
K0641				75% OF BILLED
K0642				\$233.84
K0643				75% OF BILLED
K0644				\$720.54
K0645				\$1,253.86
K0646				\$844.13
K0647				\$1,073.46
K0648				\$844.13
K0649				\$851.64
L0100				\$476.67

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Montana Medicaid Fee Schedule

Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS)

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<u>HCPCS</u>	<u>Modifier</u>	<u>PA</u>	<u>CMN</u>	<u>FEE</u>
L0110				\$108.14
L0112				\$1,139.12
L0120				\$19.97
L0130				\$122.81
L0140				\$54.41
L0150				\$81.35
L0160				\$117.90
L0170				\$485.46
L0172				\$99.28
L0174				\$241.87
L0180				\$278.92
L0190				\$387.19
L0200				\$420.47
L0210				\$33.33
L0220				\$92.19
L0450				\$130.83
L0452				75% OF BILLED
L0454				\$282.27
L0456				\$809.47
L0458				\$725.85
L0460				\$817.01
L0462				\$1,016.20
L0464				\$1,209.77
L0466				\$293.85
L0468				\$345.05
L0470				\$479.92
L0472				\$304.37
L0480				\$1,331.96
L0482				\$1,489.36
L0484				\$1,607.44
L0486				\$1,628.69
L0488				\$817.01
L0490				\$230.20
L0500				\$102.08
L0520				\$313.54
L0530				\$400.15
L0540				\$401.27
L0550				\$1,166.71
L0600				\$85.88
L0620				\$318.71
L0700				\$1,539.55
L0710				\$1,796.53
L0810				\$2,028.51
L0820				\$1,754.93
L0830				\$2,360.48
L0860				\$1,222.71
L0861				\$175.43
L0960				\$52.00
L0970				\$114.71
L0972				\$83.33
L0974				\$134.77
L0976				\$152.71

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Montana Medicaid Fee Schedule

Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS)

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<u>HCPCS</u>	<u>Modifier</u>	<u>PA</u>	<u>CMN</u>	<u>FEE</u>
L0978				\$144.90
L0980				\$13.14
L0982				\$12.25
L0984				\$50.16
L0999				75% OF BILLED
L1000				\$1,780.89
L1005				\$2,604.96
L1010				\$50.52
L1020				\$65.06
L1025				\$93.87
L1030				\$47.89
L1040				\$58.73
L1050				\$62.67
L1060				\$71.99
L1070				\$67.73
L1080				\$53.54
L1085				\$115.87
L1090				\$74.51
L1100				\$119.71
L1110				\$192.25
L1120				\$32.33
L1200				\$1,414.39
L1210				\$262.62
L1220				\$173.88
L1230				\$568.77
L1240				\$58.45
L1250				\$54.38
L1260				\$56.95
L1270				\$58.32
L1280				\$64.94
L1290				\$59.17
L1300				\$1,562.65
L1310				\$1,654.74
L1499				75% OF BILLED
L1500				\$1,566.65
L1510				75% OF BILLED
L1520				75% OF BILLED
L1600				\$99.21
L1610				\$33.05
L1620				\$100.86
L1630				\$127.56
L1640				\$426.17
L1650				\$196.38
L1652				\$290.13
L1660				\$128.82
L1680				\$917.18
L1685				\$895.39
L1686				\$773.92
L1690				\$1,573.83
L1700				\$1,149.54
L1710				\$1,345.66
L1720				\$991.92

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Montana Medicaid Fee Schedule

Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS)

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<u>HCPCS</u>	<u>Modifier</u>	<u>PA</u>	<u>CMN</u>	<u>FEE</u>
L1730				\$853.39
L1750				\$148.10
L1755				\$1,191.80
L1800				\$50.07
L1810				\$76.00
L1815				\$72.92
L1820				\$106.74
L1825				\$41.39
L1830				\$69.54
L1831				\$239.54
L1832				\$457.65
L1834				\$617.25
L1836				\$108.61
L1840				\$692.14
L1843				\$730.28
L1844				\$1,351.18
L1845				\$635.45
L1846				\$799.20
L1847				\$468.12
L1850				\$246.75
L1855				\$827.19
L1858				\$996.41
L1860				\$807.75
L1870				\$787.77
L1880				\$538.49
L1900				\$221.45
L1901				\$14.38
L1902				\$60.09
L1904				\$353.98
L1906				\$120.70
L1907				\$457.95
L1910				\$203.52
L1920				\$330.98
L1930				\$194.36
L1932				75% OF BILLED
L1940				\$372.27
L1945				\$716.99
L1950				\$606.62
L1951				\$683.52
L1960				\$417.24
L1970				\$562.72
L1971				\$381.49
L1980				\$297.89
L1990				\$335.54
L2000				\$791.06
L2005				75% OF BILLED
L2010				\$814.36
L2020				\$878.96
L2030				\$762.57
L2035				\$140.99
L2036				\$1,533.06
L2037				\$1,253.79

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Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS)

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<u>HCPCS</u>	<u>Modifier</u>	<u>PA</u>	<u>CMN</u>	<u>FEE</u>
L2038				\$1,076.24
L2039				\$1,808.75
L2040				\$173.67
L2050				\$396.76
L2060				\$445.52
L2070				\$101.23
L2080				\$270.75
L2090				\$366.95
L2106				\$511.81
L2108				\$915.89
L2112				\$351.20
L2114				\$440.51
L2116				\$535.89
L2126				\$1,012.22
L2128				\$1,290.77
L2132				\$785.16
L2134				\$728.05
L2136				\$1,000.59
L2180				\$114.79
L2182				\$73.46
L2184				\$102.16
L2186				\$135.70
L2188				\$225.44
L2190				\$68.07
L2192				\$268.40
L2200				\$47.72
L2210				\$67.47
L2220				\$79.87
L2230				\$63.01
L2232				75% OF BILLED
L2240				\$62.95
L2250				\$316.65
L2260				\$172.56
L2265				\$88.65
L2270				\$44.39
L2275				\$112.14
L2280				\$340.86
L2300				\$202.67
L2310				\$100.50
L2320				\$197.65
L2330				\$325.79
L2335				\$179.44
L2340				\$336.43
L2350				\$783.42
L2360				\$43.28
L2370				\$193.24
L2375				\$85.05
L2380				\$123.56
L2385				\$134.43
L2390				\$109.86
L2395				\$139.94
L2397				\$96.95

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Montana Medicaid Fee Schedule

Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS)

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<u>HCPCS</u>	<u>Modifier</u>	<u>PA</u>	<u>CMN</u>	<u>FEE</u>
L2405				\$70.95
L2415				\$98.89
L2425				\$116.67
L2430				\$116.67
L2492				\$96.12
L2500				\$237.47
L2510				\$546.79
L2520				\$371.14
L2525				\$1,031.72
L2526				\$667.85
L2530				\$235.82
L2540				\$361.23
L2550				\$288.26
L2570				\$358.55
L2580				\$456.95
L2600				\$167.87
L2610				\$191.37
L2620				\$201.27
L2622				\$230.84
L2624				\$249.27
L2627				\$1,720.59
L2628				\$1,681.54
L2630				\$248.53
L2640				\$252.97
L2650				\$90.34
L2660				\$187.06
L2670				\$171.21
L2680				\$157.06
L2750				\$62.92
L2755				\$106.33
L2760				\$60.98
L2768				\$106.04
L2770				\$61.97
L2780				\$50.94
L2785				\$23.86
L2795				\$63.96
L2800				\$88.06
L2810				\$58.79
L2820				\$87.16
L2830				\$94.30
L2840				\$32.89
L2850				\$59.85
L2999				75% OF BILLED
L3000				75% OF BILLED
L3001				75% OF BILLED
L3002				75% OF BILLED
L3003				75% OF BILLED
L3010				75% OF BILLED
L3020				75% OF BILLED
L3030				75% OF BILLED
L3031				75% OF BILLED
L3040				75% OF BILLED

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Montana Medicaid Fee Schedule

Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS)

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<u>HCPCS</u>	<u>Modifier</u>	<u>PA</u>	<u>CMN</u>	<u>FEE</u>
L3050				75% OF BILLED
L3060				75% OF BILLED
L3070				75% OF BILLED
L3080				75% OF BILLED
L3090				75% OF BILLED
L3100				75% OF BILLED
L3140				75% OF BILLED
L3150				75% OF BILLED
L3160				75% OF BILLED
L3170				75% OF BILLED
L3201				75% OF BILLED
L3202				75% OF BILLED
L3203				75% OF BILLED
L3204				75% OF BILLED
L3206				75% OF BILLED
L3207				75% OF BILLED
L3208				75% OF BILLED
L3209				75% OF BILLED
L3211				75% OF BILLED
L3212				75% OF BILLED
L3213				75% OF BILLED
L3214				75% OF BILLED
L3215				75% OF BILLED
L3216				75% OF BILLED
L3217				75% OF BILLED
L3219				75% OF BILLED
L3221				75% OF BILLED
L3222				75% OF BILLED
L3224				\$46.03
L3225				\$61.42
L3230				75% OF BILLED
L3250				75% OF BILLED
L3251				75% OF BILLED
L3252				75% OF BILLED
L3253				75% OF BILLED
L3254				75% OF BILLED
L3255				75% OF BILLED
L3257				75% OF BILLED
L3260				75% OF BILLED
L3265				75% OF BILLED
L3300				75% OF BILLED
L3310				75% OF BILLED
L3320				75% OF BILLED
L3330				75% OF BILLED
L3332				75% OF BILLED
L3334				75% OF BILLED
L3340				75% OF BILLED
L3350				75% OF BILLED
L3360				75% OF BILLED
L3370				75% OF BILLED
L3380				75% OF BILLED
L3390				75% OF BILLED

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Montana Medicaid Fee Schedule

Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS)

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<u>HCPCS</u>	<u>Modifier</u>	<u>PA</u>	<u>CMN</u>	<u>FEE</u>
L3400				75% OF BILLED
L3410				75% OF BILLED
L3420				75% OF BILLED
L3430				75% OF BILLED
L3440				75% OF BILLED
L3450				75% OF BILLED
L3455				75% OF BILLED
L3460				75% OF BILLED
L3465				75% OF BILLED
L3470				75% OF BILLED
L3480				75% OF BILLED
L3485				75% OF BILLED
L3500				75% OF BILLED
L3510				75% OF BILLED
L3520				75% OF BILLED
L3530				75% OF BILLED
L3540				75% OF BILLED
L3550				75% OF BILLED
L3560				75% OF BILLED
L3570				75% OF BILLED
L3580				75% OF BILLED
L3590				75% OF BILLED
L3595				75% OF BILLED
L3600				75% OF BILLED
L3610				75% OF BILLED
L3620				75% OF BILLED
L3630				75% OF BILLED
L3640				75% OF BILLED
L3649				75% OF BILLED
L3650				\$43.68
L3651				\$48.78
L3652				\$146.99
L3660				\$98.81
L3670				\$83.30
L3675				\$129.98
L3677				75% OF BILLED
L3700				\$51.42
L3701				\$15.09
L3710				\$91.06
L3720				\$481.80
L3730				\$664.02
L3740				\$787.25
L3760				\$370.42
L3762				\$79.64
L3800				\$196.39
L3805				\$278.39
L3807				\$185.19
L3810				\$63.65
L3815				\$59.09
L3820				\$101.49
L3825				\$63.65
L3830				\$76.33

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Montana Medicaid Fee Schedule

Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS)

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<u>HCPCS</u>	<u>Modifier</u>	<u>PA</u>	<u>CMN</u>	<u>FEE</u>
L3835				\$75.73
L3840				\$57.12
L3845				\$79.03
L3850				\$98.47
L3855				\$108.45
L3860				\$139.17
L3890				75% OF BILLED
L3900				\$953.14
L3901				\$1,516.68
L3902				75% OF BILLED
L3904				\$2,876.16
L3906				\$301.25
L3907				\$374.18
L3908				\$44.14
L3909				\$10.48
L3910				\$326.31
L3911				75% OF BILLED
L3912				\$69.86
L3914				\$63.14
L3916				\$93.55
L3917				\$78.23
L3918				\$57.73
L3920				\$72.14
L3922				\$72.03
L3923				\$28.82
L3924				\$78.54
L3926				\$68.38
L3928				\$42.87
L3930				\$45.32
L3932				\$34.62
L3934				\$35.49
L3936				\$65.61
L3938				\$68.71
L3940				\$79.19
L3942				\$58.72
L3944				\$72.34
L3946				\$65.28
L3948				\$40.59
L3950				\$110.46
L3952				\$122.60
L3954				\$81.35
L3956				75% OF BILLED
L3960				\$541.35
L3962				\$528.51
L3963				\$1,228.90
L3964				\$607.22
L3965				\$991.11
L3966				\$676.28
L3968				\$845.74
L3969				\$660.74
L3970				\$224.66
L3972				\$142.86

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Montana Medicaid Fee Schedule

Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS)

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<u>HCPCS</u>	<u>Modifier</u>	<u>PA</u>	<u>CMN</u>	<u>FEE</u>
L3974				\$121.17
L3980				\$227.72
L3982				\$281.56
L3984				\$291.33
L3985				\$430.53
L3986				\$412.88
L3995				\$24.09
L3999				75% OF BILLED
L4000				\$1,088.52
L4002				75% OF BILLED
L4010				\$547.63
L4020				\$648.37
L4030				\$380.05
L4040				\$320.76
L4045				\$297.21
L4050				\$310.77
L4055				\$201.23
L4060				\$318.97
L4070				\$211.85
L4080				\$76.14
L4090				\$67.98
L4100				\$78.51
L4110				\$64.68
L4130				\$429.20
L4205				75% OF BILLED
L4210				75% OF BILLED
L4350				\$67.29
L4360				\$224.92
L4370				\$155.89
L4380				\$80.85
L4386				\$129.03
L4392				\$18.80
L4394				\$13.73
L4396				\$134.12
L4398				\$61.75
L5000*				\$405.20
L5010*				\$1,071.10
L5020*				\$1,879.29
L5050*				\$1,996.60
L5060*				\$2,706.20
L5100*				\$1,863.90
L5105*				\$3,056.24
L5150*				\$3,119.35
L5160*				\$3,435.23
L5200*				\$2,649.28
L5210*				\$2,097.58
L5220*				\$2,416.93
L5230*				\$4,067.77
L5250*				\$5,226.73
L5270*				\$4,767.76
L5280*				\$5,415.77
L5301*				\$1,856.52

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Montana Medicaid Fee Schedule

Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS)

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<u>HCPCS</u>	<u>Modifier</u>	<u>PA</u>	<u>CMN</u>	<u>FEE</u>
L5311*				\$2,924.83
L5321*				\$2,635.83
L5331*				\$4,492.88
L5341*				\$4,864.85
L5400*				\$984.22
L5410*				\$335.08
L5420*				\$1,370.96
L5430*				\$403.56
L5450*				\$392.92
L5460*				\$460.20
L5500*				\$1,356.84
L5505*				\$1,579.40
L5510*				\$1,351.90
L5520*				\$1,153.27
L5530*				\$1,517.73
L5535*				\$1,359.98
L5540*				\$1,629.06
L5560*				\$1,904.51
L5570*				\$2,061.03
L5580*				\$2,315.01
L5585*				\$2,321.09
L5590*				\$2,462.14
L5595*				\$3,229.13
L5600*				\$2,565.92
L5610*				\$2,150.23
L5611*				\$1,722.82
L5613*				\$2,463.90
L5614*				\$1,376.08
L5616*				\$1,430.19
L5617*				\$454.84
L5618*				\$225.54
L5620*				\$222.96
L5622*				\$290.73
L5624*				\$292.46
L5626*				\$382.37
L5628*				\$387.21
L5629*				\$254.87
L5630*				\$393.05
L5631*				\$352.37
L5632*				\$218.92
L5634*				\$325.26
L5636*				\$272.46
L5637*				\$231.68
L5638*				\$520.39
L5639				\$1,198.87
L5640*				\$683.74
L5642*				\$662.50
L5643*				\$1,664.29
L5644*				\$631.57
L5645*				\$853.18
L5646*				\$569.14
L5647*				\$778.90

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Montana Medicaid Fee Schedule

Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS)

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<u>HCPCS</u>	<u>Modifier</u>	<u>PA</u>	<u>CMN</u>	<u>FEE</u>
L5648*				\$703.99
L5649*				\$1,700.16
L5650*				\$522.01
L5651*				\$1,284.13
L5652*				\$466.19
L5653*				\$622.32
L5654*				\$267.39
L5655*				\$212.72
L5656*				\$306.99
L5658*				\$334.24
L5661*				\$488.03
L5665*				\$410.63
L5666*				\$56.14
L5668*				\$80.98
L5670*				\$290.15
L5671*				\$531.87
L5672*				\$318.85
L5673*				\$607.63
L5676*				\$259.41
L5677*				\$395.42
L5678*				\$41.45
L5679*				\$506.34
L5680*				\$298.01
L5681*				\$1,074.81
L5682*				\$501.55
L5683*				\$1,074.81
L5684*				\$39.35
L5685				75% OF BILLED
L5686*				\$48.40
L5688*				\$48.99
L5690*				\$78.47
L5692*				\$110.27
L5694*				\$162.20
L5695*				\$159.00
L5696*				\$148.38
L5697*				\$70.14
L5698*				\$83.65
L5699*				\$149.53
L5700*				\$2,275.69
L5701*				\$3,037.37
L5702*				\$4,186.39
L5704*				\$474.89
L5705*				\$806.34
L5706*				\$795.61
L5707*				\$1,097.71
L5710*				\$340.35
L5711*				\$418.76
L5712*				\$345.57
L5714*				\$407.04
L5716*				\$779.34
L5718*				\$974.09
L5722*				\$805.52

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<u>HCPCS</u>	<u>Modifier</u>	<u>PA</u>	<u>CMN</u>	<u>FEE</u>
L5724*				\$1,265.21
L5726*				\$1,395.08
L5728*				\$2,297.07
L5780*				\$921.72
L5781*				\$3,262.85
L5782*				75% OF BILLED
L5785*				\$416.66
L5790*				\$576.63
L5795*				\$861.07
L5810*				\$433.49
L5811*				\$757.59
L5812*				\$557.68
L5814*				\$3,028.56
L5816*				\$909.37
L5818*				\$1,026.87
L5822*				\$1,510.47
L5824*				\$1,639.82
L5826*				\$2,546.65
L5828*				\$2,546.67
L5830*				\$1,521.76
L5840*				\$3,129.72
L5845*				\$1,461.62
L5848				\$876.88
L5850*				\$136.79
L5855*				\$328.34
L5856				75% OF BILLED
L5857				75% OF BILLED
L5910*				\$387.27
L5920*				\$563.46
L5925*				\$359.29
L5930*				\$2,736.23
L5940*				\$536.37
L5950*				\$648.28
L5960*				\$773.13
L5962*				\$600.53
L5964*				\$848.66
L5966*				\$1,079.19
L5968*				\$2,963.35
L5970*				\$182.09
L5972*				\$353.08
L5974*				\$189.49
L5975*				\$378.06
L5976*				\$484.92
L5978*				\$234.04
L5979*				\$2,215.06
L5980*				\$3,964.62
L5981*				\$2,590.78
L5982*				\$618.17
L5984*				\$483.74
L5985*				\$229.55
L5986*				\$677.59
L5987*				\$5,866.29

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Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS)

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<u>HCPCS</u>	<u>Modifier</u>	<u>PA</u>	<u>CMN</u>	<u>FEE</u>
L5988*				\$1,629.03
L5990*				\$1,479.43
L5995*				75% OF BILLED
L5999*				75% OF BILLED
L6000*				\$1,065.57
L6010*				\$1,262.47
L6020*				\$1,123.90
L6025*				\$6,525.70
L6050*				\$1,639.44
L6055*				\$2,269.76
L6100*				\$1,622.72
L6110*				\$1,674.72
L6120*				\$2,102.67
L6130*				\$2,268.54
L6200*				\$2,445.40
L6205*				\$2,995.04
L6250*				\$2,177.27
L6300*				\$3,192.55
L6310*				\$2,433.65
L6320*				\$1,461.09
L6350*				\$3,668.26
L6360*				\$2,554.41
L6370*				\$1,628.86
L6380*				\$933.85
L6382*				\$1,269.27
L6384*				\$1,760.10
L6386*				\$322.06
L6388*				\$405.46
L6400*				\$2,481.18
L6450*				\$3,296.72
L6500*				\$3,241.94
L6550*				\$4,055.02
L6570*				\$4,219.19
L6580*				\$1,508.56
L6582*				\$1,471.67
L6584*				\$1,641.74
L6586*				\$1,707.87
L6588*				\$2,266.78
L6590*				\$2,273.45
L6600*				\$150.43
L6605*				\$148.53
L6610*				\$135.93
L6615*				\$156.57
L6616*				\$52.02
L6620*				\$272.84
L6623*				\$514.43
L6625*				\$426.53
L6628*				\$512.24
L6629*				\$147.01
L6630*				\$172.84
L6632*				\$69.47
L6635*				\$166.13

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Montana Medicaid Fee Schedule

Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS)

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<u>HCPCS</u>	<u>Modifier</u>	<u>PA</u>	<u>CMN</u>	<u>FEE</u>
L6637*				\$294.47
L6638*				\$2,039.28
L6640*				\$235.23
L6641*				\$129.47
L6642*				\$174.38
L6645*				\$256.01
L6646*				\$2,571.99
L6647*				\$423.47
L6648*				\$2,652.65
L6650*				\$271.46
L6655*				\$60.24
L6660*				\$75.40
L6665*				\$36.94
L6670*				\$38.46
L6672*				\$162.18
L6675*				\$96.31
L6676*				\$113.54
L6680*				\$197.07
L6682*				\$214.81
L6684*				\$305.36
L6686*				\$473.45
L6687*				\$616.78
L6688*				\$424.84
L6689*				\$720.49
L6690*				\$551.44
L6691*				\$276.83
L6692*				\$561.14
L6693*				\$2,315.12
L6694				75% OF BILLED
L6695				75% OF BILLED
L6696				75% OF BILLED
L6697				75% OF BILLED
L6698				75% OF BILLED
L6700*				\$554.68
L6705*				\$291.43
L6710*				\$350.50
L6715*				\$366.58
L6720*				\$912.22
L6725*				\$427.46
L6730*				\$574.33
L6735*				\$311.37
L6740*				\$415.40
L6745*				\$380.08
L6750*				\$366.32
L6755*				\$354.01
L6765*				\$345.15
L6770*				\$357.91
L6775*				\$402.07
L6780*				\$417.92
L6790*				\$374.91
L6795*				\$1,019.66
L6800*				\$1,001.53

Note: Prior Authorization (PA) is required when a fee for a HCPCS is equal to or greater than \$1000.00 regardless of any indication.

Montana Medicaid Fee Schedule

Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS)

This fee schedule is to be used in conjunction with current HCPCS publications. For coding assistance call: 1-877-735-1326

<u>HCPCS</u>	<u>Modifier</u>	<u>PA</u>	<u>CMN</u>	<u>FEE</u>
L6805*				\$285.58
L6806*				\$1,318.88
L6807*				\$1,056.79
L6808*				\$1,007.25
L6809*				\$390.46
L6810*				\$176.56
L6825*				\$933.55
L6830*				\$1,448.02
L6835*				\$1,247.64
L6840*				\$824.00
L6845*				\$686.67
L6850*				\$625.02
L6855*				\$837.37
L6860*				\$710.68
L6865*				\$297.02
L6867*				\$770.47
L6868*				\$192.27
L6870*				\$231.91
L6872*				\$935.77
L6873*				\$375.16
L6875*				\$623.33
L6880*				\$470.38
L6881*				\$3,333.83
L6882*				\$2,528.91
L6890*				\$145.74
L6895*				\$457.71
L6900*				\$1,211.34
L6905*				\$1,177.46
L6910*				\$1,147.08
L6915*				\$502.05
L6920*				\$6,505.91
L6925*				\$7,016.86
L6930*				\$6,835.73
L6935*				\$7,338.99
L6940*				\$9,381.67
L6945*				\$10,914.48
L6950*				\$10,663.59
L6955*				\$12,771.10
L6960*				\$12,880.62
L6965*				\$13,955.45
L6970*				\$14,127.73
L6975*				\$15,136.45
L7010*				\$2,929.07
L7015*				\$4,710.78
L7020*				\$2,800.47
L7025*				\$2,753.99
L7030*				\$4,615.59
L7035*				\$2,894.50
L7040*				\$2,260.89
L7045*				\$1,296.25
L7170*				\$4,933.87
L7180*				\$28,633.80

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<u>HCPCS</u>	<u>Modifier</u>	<u>PA</u>	<u>CMN</u>	<u>FEE</u>
L7181				75% OF BILLED
L7185*				\$5,118.81
L7186*				\$9,277.36
L7190*				\$6,476.32
L7191*				\$9,505.36
L7260*				\$1,840.51
L7261*				\$3,486.77
L7266*				\$794.01
L7272*				\$1,783.10
L7274*				\$5,321.21
L7360*				\$182.37
L7362*				\$267.90
L7364*				\$319.57
L7366*				\$430.47
L7367*				\$317.49
L7368*				\$411.57
L7499*				75% OF BILLED
L7500*				75% OF BILLED
L7510*				75% OF BILLED
L7520*				75% OF BILLED
L8000*				\$30.15
L8001*				\$102.28
L8002*				\$134.54
L8010*				75% OF BILLED
L8015*				\$48.88
L8020*				\$160.88
L8030*				\$285.49
L8035*				\$2,987.57
L8039*				75% OF BILLED
L8040*				\$1,789.41
L8041*				\$2,156.92
L8042*				\$2,423.50
L8043*				\$2,714.31
L8044*				\$3,005.15
L8045*				\$1,881.65
L8046*				\$1,938.80
L8047*				\$993.63
L8048*				75% OF BILLED
L8049*				75% OF BILLED
L8100*				75% OF BILLED
L8110*				75% OF BILLED
L8120*				75% OF BILLED
L8130*				75% OF BILLED
L8140*				75% OF BILLED
L8150*				75% OF BILLED
L8160*				75% OF BILLED
L8170*				75% OF BILLED
L8180*				75% OF BILLED
L8190*				75% OF BILLED
L8195*				75% OF BILLED
L8200*				75% OF BILLED
L8210*				75% OF BILLED

Note: Prior Authorization (PA) is required when a fee for a HCPCS is equal to or greater than \$1000.00 regardless of any indication.

Montana Medicaid Fee Schedule

Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS)

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<u>HCPCS</u>	<u>Modifier</u>	<u>PA</u>	<u>CMN</u>	<u>FEE</u>
L8220*				75% OF BILLED
L8230*				75% OF BILLED
L8239*				75% OF BILLED
L8300*				\$77.19
L8310*				\$124.49
L8320*				\$42.87
L8330*				\$39.59
L8400*				\$12.62
L8410*				\$17.56
L8415*				\$18.98
L8417*				\$61.32
L8420*				\$15.60
L8430*				\$19.69
L8435*				\$16.86
L8440*				\$33.54
L8460*				\$53.45
L8465*				\$39.12
L8470*				\$7.14
L8480*				\$9.84
L8485*				\$10.68
L8499*				75% OF BILLED
L8500*				\$529.27
L8501*				\$96.88
L8505*				75% OF BILLED
L8507*				\$34.15
L8509*				\$89.04
L8510*				\$206.06
L8515				75% OF BILLED
S9434				75% OF BILLED
S9435				75% OF BILLED
V2623				\$761.71
V2624				\$62.10
V2625				\$391.40
V2626				\$160.00
V2627				\$1,342.78
V2628				\$325.33
V2629				75% OF BILLED
V5266				75% OF BILLED
V5336		Y		75% OF BILLED

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